

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	<i>MD</i>	<i>66080</i>	<i>2/9/00</i>

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓		
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46	✓		
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48	✓		
49	✓		
50	✓		

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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
 staple additional sheet here

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